



NEWSLETTER

\$23 Million in Medicare Payments Made on Behalf of Deceased Beneficiaries

By Nancy Aldrich and
Bill Benson
Health Benefits ABCs

It comes as no surprise that Medicare should not pay for services provided after a beneficiary's date of death. "Medically necessary services cannot occur after a beneficiary's death," the Department of Health and Human Services' Office of Inspector General (OIG) explains in an Oct. 30, 2013, report.

Despite safeguards to prevent and recover Medicare payments made on behalf of deceased beneficiaries, the OIG reported that the Centers for Medicare & Medicaid Services (CMS) inappropriately paid \$23 million in 2011 to providers, suppliers, Medicare Advantage organizations, and prescription drug plan sponsors on behalf of beneficiaries who died in 2009, 2010, or 2011. That number represents less than one-tenth of a percent of total Medicare

expenditures, it said. (In 2011, total Medicare benefit outlays were \$541.3 billion, according to the Medicare Trustees.) Those funds had not yet been recovered at the time the OIG did its analysis.

Part C (Medicare Advantage) accounted for the most improper payments (\$19.9 million) in 2011. Part A (hospital) had the highest average payment per deceased beneficiary (\$8,468).

In addition, OIG found another \$610 million had been initially paid by CMS to Part C and Part D (prescription drugs) providers; however, CMS retroactively recovered 97 percent (\$589 million) of these payments.

To identify Medicare payments made on behalf of deceased beneficiaries, CMS relies on information in its enrollment database. The Social Security Administration (SSA) and the Railroad Retirement Board (RRB) are CMS's primary sources of information about deceased beneficiaries. Information on deaths is collected from reports from relatives, funeral homes, and the U.S. Postal Service. (An article on the SSA Death Master File appeared in the November 2009 issue of *The Sentinel*.):

"Beneficiary information may not always be accurate as a result of delays between the date a beneficiary dies and the date SSA learns of that death," the OIG explained. "Therefore, CMS may make improper payments after beneficiaries' deaths; however, it retroactively recovers these payments once death information is received. CMS identifies these improper payments differently depending on the part(s) of Medicare in which the beneficiary is enrolled." Part C (Medicare Advantage) expenditures accounted for 86 percent of these improper payments. About 11 percent of the improper payments resulted from missing or incorrect dates of death.

In addition, OIG identified 251 providers and suppliers that had high numbers of paid and/or unpaid Part B claims with service dates after beneficiaries' deaths. It found that Medicare paid \$20.6 million in 1997 for Parts A and B services that started after beneficiaries' deaths.

Prior OIG studies and audit reports have identified Medicare payments made on behalf of deceased beneficiaries.

CMS has implemented safeguards to address this vulnerability, OIG said. (See "How Does Claims Recovery Work?" below.) However, these safeguards do not prevent all improper payments.

Recommendations

OIG recommended that CMS:

- Improve existing safeguards to prevent future improper Medicare payments after beneficiaries' deaths;
- Take appropriate action on improper Medicare payments made on behalf of deceased beneficiaries and correct inaccurate dates of death;
- Monitor both paid and unpaid Part B claims with service dates after beneficiaries' deaths;
- Take appropriate action on providers and suppliers that had high numbers of paid and/or unpaid Part B claims with service dates after beneficiaries' deaths.

Responding to the OIG report, CMS said it concurred with all four recommendations.

The Sentinel
www.smpresource.org
November 2013

"We can't prosecute our way out of the problems at this point. We must prevent them."

— Dr. Peter Budetti (retired), Director,
Center for Program Integrity, CMS

INSIDE THIS ISSUE:

FRAUD in the News.....	Pg 3
SCAMS.....	Pg 4
Dates to Remember.....	Pg 5
(DAAS) Services for Seniors	Pg 6
Volunteers in Action.....	Pg 8
NEW Medicaid Inspector General.....	Pg 9
2014 Medicare Cost Sharing.....	P 10
Phone Numbers /Websites	Pg 11
SMP Mission.....	Pg 12

UNDESRSTANDING AMBULANCE SERVICES COVERED BY MEDICARE



Medicare covers emergency ambulance services, as long as the ambulance service is medically necessary – when your health appears to be in serious danger and every second counts to prevent your health from getting worse. Your doctor must confirm that the ambulance service is medically necessary.

YOU SHOULD KNOW: Lack of other forms of transportation, alone, does not mean Medicare will cover your ambulance services.

Medicare may cover non-emergency ambulance services if:

- You are unable to get up from your bed without help, unable to walk, and unable to sit in a chair or wheelchair; or
- You need medical services that are only available in an ambulance and all other forms of transport could harm your health.

PLEASE NOTE: Medicare never pays for non-emergency transportation services for people with disabilities.

If you have a Medicare Advantage plan, you should contact your plan directly to see how ambulance services are covered under the plan.

Man charged in with striking, killing Philly family pleads guilty to fraud

PHILADELPHIA (AP) — A Philadelphian pleaded guilty to federal charges involving Medicare ambulance fraud of more than \$1.5 million, which may lead to 2-3 years in prison. Prosecutors said he recruited non-emergency patients for ambulance trips and promised them kickback payments. He was also charged with killing Samara Banks and her three sons as they crossed a Philadelphia roadway.

Source: <http://www.delcotimes.com/general-news/20131206/man-charged-in-with-striking-killing-philly-family-pleads-guilty-to-fraud>

FRAUD TIP!

Read Your Medicare Summary Notice (MSN)!

Do you know why it is important to examine your MSN when you receive it in the mail?

Because that is the only way to verify that the charges filed to Medicare on your behalf are accurate and that the service(s) or product(s) **Medicare has already paid** for were actually received!

If you see a discrepancy on your MSN, call your provider first for an explanation. If you are not satisfied, call the Arkansas SMP at 866-726-2916. We want to help!

DIABETICS BEWARE!

You must get diabetic supplies from a pharmacy or supplier that's enrolled in Medicare. If you go to a pharmacy or supplier that isn't enrolled in Medicare, Medicare won't pay!

Medicare won't pay for any supplies you didn't ask for, or for any supplies that were sent to you automatically from suppliers, including blood sugar monitors, test strips, and lancets. If you're getting supplies sent to you automatically, are getting advertisements that are misleading, or suspect fraud related to your diabetes supplies, call 1-800-MEDICARE or your Arkansas SMP at 1-866-726-2916.

You will have to pay the entire bill for any supplies from non-enrolled pharmacies or non-enrolled suppliers.

TIP!

It's personal, keep it that way!

Never give out your Medicare number, Social Security number, credit card number or bank account number or other personal information to anyone you don't know who makes an unsolicited call to your phone!

DID YOU KNOW?

If a false claim is filed under your Medicare number, it can create errors in your medical history and can even result in benefits being denied to you later!

Be sure to read your Medicare Summary Notice (MSN) to detect errors or fraud!



FORMER NURSING HOME EMPLOYEE ENTERS GUILTY PLEA

Office of Arkansas Attorney General—October 8, 2013

LITTLE ROCK – Attorney General Dustin McDaniel announced today that a Saline County man accused of stealing a nursing home resident's prescription painkillers has been convicted of obtaining drugs by fraud.

Jeremiah Rabon, 36, of Bryant pleaded guilty Monday in Saline County Circuit Court in Benton. Circuit Judge Bobby McCallister sentenced Rabon to three years of probation and assessed \$1,450 in fines and costs. Obtaining a controlled substance by fraud is a Class C felony. Rabon is a licensed practical nurse.

"It is unfortunate that a health-care worker would abuse his position to obtain prescription drugs intended for a patient," McDaniel said. "When those we trust to care for our family members and friends violate the law, then the Medicaid Fraud Control Unit in my office and other law enforcement agencies across the state will investigate and prosecute them."

Rabon was employed as an LPN by Southern Trace Rehab and Care Center in Bryant. The center began an internal investigation into Rabon on Nov. 2, 2012, after colleagues said he was behaving abnormally. He later admitted having stolen the prescription medication intended for a resident. Rabon said he did not ingest the pills himself but offered no plausible explanation of what became of the pills. Rabon is no longer employed by the nursing home.

Twenty-second Judicial District Prosecuting Attorney Ken Casady appointed an attorney with McDaniel's Medicaid Fraud Control Unit as a special deputy prosecutor in the case.

To report Medicaid fraud or abuse and neglect in nursing homes, call the Medicaid Fraud Control Unit's tip line, (866) 810-0016.

FRAUDULENT PASTOR WILL ROLL INTO PRISON

By MATT REYNOLDS

WASHINGTON DC – Pastor and owner of Bonfee, a Los Angeles-area, family-run durable medical equipment and supply company pleaded guilty to an \$11 million Medicare power wheelchair fraud scheme. He was sentenced to 87 months in prison and ordered to pay \$5.8 million in restitution, and his daughter was also convicted of health care fraud. Pastor Charles Agbu bought wholesale wheelchairs for approximately \$900 each and billed Medicare at \$6000 each. He paid patient recruiters and enlisted physicians to write face prescriptions in order to fraudulently bill Medicare for wheelchairs that were not medically necessary and sometimes not delivered. This case is being investigated by the Medicare Fraud Strike Force, a part of the Health Care Fraud Prevention and Enforcement Action Team (H.E.A.T.).

OIG SEES DEAD PEOPLE ... THAT MEDICARE ADVANTAGE IS PAYING BILLS FOR

The Office of the Inspector General of the Department of Health and Human Services was shining a spotlight on the dead this past Halloween - specifically, on people whose Medicare bills were paid after they passed away.

The OIG report said Medicare paid \$23 million in benefits in 2011 for 17,403 deceased people, the vast majority through Medicare Advantage plans.

While most of the amounts paid were less than \$1,000 per person, some were sizable (more than \$50,000 each for 12 people).

Medicare's private auditors were criticized earlier this year for failing to notice examples of outright fraud that involve dead-beneficiary billing. Once a beneficiary is dead, services are no longer 'medically necessary'.

In 2011, CMS retroactively recovered \$589 million from Medicare Advantage contractors for dead beneficiaries. (Medicare Part D accounted for \$1 million in erroneous payments.)

The OIG found a large concentration of this type of billing in high fraud areas of Los Angeles, New York City and Miami, where the HEAT Task Force is currently working.

CMS said that they're in the process of examining how to use existing computer data-mining tools to single out providers for extra scrutiny when they submit large numbers of bills for the dead. If the model is viable it will go live in 2014.

<http://www.modernhealthcare.com/article/20131031/blog/310319995#>

Jo Carlson, October 31, 2013

CAUGHT UP IN A MEDICARE DRUG FRAUD

Denise Heap's mother Joyce, 77, was in the end stages of Alzheimer's disease. When a thick envelope arrived from her mother's Medicare drug plan, Heap scrutinized it. What she found was frightening: Her mother was receiving a raft of medications Heap had never seen before. Either her mother was being given expensive medications for conditions she didn't have, or someone was using her mother to steal drugs. Heap called Los Angeles County sheriff's Sgt. Steve Opferman, head of a task force specializing in prescription drug fraud. Her mother's Part D plan paid for more than "\$10,000 worth of meds" in just three months. Opferman and other investigators say criminals bank on the fact that Medicare beneficiaries will be too old or too sick to review insurance forms summarizing the medications and services billed in their names, and they count on busy family members to give such forms a cursory glance, if that. An investigation uncovered a large Part D scheme allegedly connecting the owners of the nursing home to a pharmacy operation, including evidence that other residents' identities were used. A search of the pharmacy found evidence that drugs were being relabeled or repackaged for resale.

Tracy Weber and Charles Ornstein, ProPublica

http://www.propublica.org/article/caught-up-in-a-medicare-drug-fraud?utm_source=et&utm_medium=email&utm_campaign=dailynewsletter

Be aware of the following **SCAM(s)**:

MEDICAL ALERT EQUIPMENT AND MONITORING SERVICES SCAM – The Arkansas SMP still receives calls related to this scam; however, there are a couple of new twists: One beneficiary documented the phone number from Caller ID and the automatic recording was different each time we called the number. The recording stated one time that we were entitled to a new medical alert necklace, the next time it stated that we had won a vacation to the Bahamas, the next call stated that someone would be on the line to assist us with our insurance!


Please be aware of these scams and hang up the phone immediately if someone is calling offering free equipment or services and then asks for personal information! Just hang up! We are also hearing some good advice from seniors receiving these calls—if you don't recognize the number on Caller ID, don't answer it at all! If it is important, they will leave a message.

NEW SOCIAL SECURITY CARD—This scam is still going around the state. It changes from 'new Medicare card' scam to 'new Social Security card' scam. When it involves the social security card, the scamster states that you may not receive your social security check on time if you don't verify your number! The caller may also state that you are entitled to a refund because you did not receive the full amount you were owed last month! Don't fall for this! Hang up and call Social Security yourself to verify.

The best way to forget your own problems is to help someone else solve theirs. —Unknown

The Arkansas SMP is scheduling presentations for 2014!

**If you would like for us to come to your area
to speak about current scams and
health care fraud prevention,
call 1-866-726-2916.**

Something to think about... 

When I woke up this morning I asked myself: What are some of the secrets of success in life? I found the answer right there in my room. The Fan said: Be cool, The Roof said: Aim high, The Window said: See the world, The Clock said: Every minute is precious, The Mirror said: Reflect before you act, The Door said: Push hard for your Goals, And don't forget, the Carpet said: Kneel down and Pray... Have a Nice Day

**REPORT ALL SCAMS
TO THE
ARKANSAS SMP
(Senior Medicare Patrol)
1-866-726-2916**

SMP Prevention Education Grant

Tufts University has received the SMP Prevention Education Research grant. The SMP program, like many other federal, state, and local programs, must estimate the benefits that the program provides. However, since there is not (at least currently) a good way to quantify the prevention education efforts that SMP does, measuring the impact of the program on the extent of fraud and abuse is difficult. With this funding opportunity, Tufts University will delve into this question to determine how to best measure and quantify the effects of fraud prevention education.

Congratulations Tufts University!

Prevent

Detect

Report



Bill to Protect Seniors from Health Care Fraud Introduced

In recent years, there has been an increasing amount of health care fraud targeting seniors. Scammers contact seniors pretending to be from Medicare or their health insurance plan. They claim that they need the senior's personal information, often including their Social Security number and personal bank account information. Unfortunately, scammers have also been trying to capitalize on the confusion surrounding the Affordable Care Act (ACA), claiming that they need seniors' personal information due to ACA changes.

A new bill that seeks to address this problem, called the Protecting Seniors from Health Care Fraud Act of 2013, was recently introduced by Representative Ruiz (D – CA). The bill was introduced with the support

of a number of non-profit organizations, including the Medicare Rights Center. It would authorize the production of regular reports that would help seniors identify scams and report them to the proper authorities.

If passed, the Health Care Fraud Act of 2013 would require the Department of Health and Human Services to work with the Department of Justice and other federal agencies to create an annual report on the most frequent health care fraud schemes, actions that are being taken to combat these schemes, and policy recommendations to help protect seniors. It would also require a quarterly list of the top ten health care fraud schemes mailed to seniors.

[Representative Ruiz's press release.](#)

[Read the full text of the bill.](#)

Medicare Watch
Medicare Rights Center
December 5, 2013

DATES TO REMEMBER!

January 1 – February 14

Medicare Advantage Disenrollment Period

What can you do?

If you're in a Medicare Advantage Plan, you can leave your plan and switch to Original Medicare.

If you switch to Original Medicare during this period, you'll have until February 14 to also join a Medicare Prescription Drug Plan to add drug coverage. Your coverage will begin the first day of the month after the plan gets your enrollment form.

YOU CANNOT—

- Switch from Original Medicare to a Medicare Advantage Plan.
- Switch from one Medicare Advantage Plan to another.
- Switch from one Medicare Prescription Drug Plan to another.
- Join, switch, or drop a Medicare Medical Savings Account (MSA) Plan.

Did you see it?

The SMP volunteer recruitment commercial(s) on TV?

Below are links to three different SMP commercials/PSAs which aired during the month of October 2013 — Check them out! Please call us if you are interested in volunteering!

- (1) <http://vimeo.com/user11251028/review/75447720/3246302f11>
- (2) <http://vimeo.com/user11251028/review/75524400/a1670c613e>
- (3) <http://vimeo.com/user11251028/review/75776145/cb13387864>

LOL!

"When I was 40, my doctor advised me that a man in his 40s shouldn't play tennis. I heeded his advice carefully and could hardly wait until I reached 50 to start again."

~ Hugo L. Black ~

Benefits & Services for Arkansas Seniors

The Division of Aging and Adult Services offers this directory of benefits and services for Arkansas seniors as a resource on aging programs, services and public benefits administered by the Department of Human Services, Area Agencies on Aging (AAA) and various federal agencies, on topics such as:

Alzheimer's organizations; Choices in Living Resource Center; DHS County Offices; Medicaid; Medicare Savings Programs; Organizations for Aging Adults; Social Security; Support Services for Seniors; Area Agencies on Aging; Community Action Programs; Medicare; Senior Volunteer Programs; Supplemental Security Income (SSI); Workers with Disabilities Medicaid.

To download the entire Benefits & Services guide, click on the following link: [Public Benefits for Seniors](#); Call the Division of Aging and Adult Services at (866) 801-3435 or (501) 682-2441; or browse the contents by county by clicking on the county of interest.



When it Comes to Engaging Volunteers, SMPs Don't Go it Alone

The Sentinel
www.smpresource.org
November 2013

By Ginny Paulson
SMP Resource Center Director

The SMP program often teams with partners to bring its fraud prevention message to the public. Many SMPs also rely on partners for a volunteer workforce. Not surprised? We at the SMP Resource Center aren't either, though now we have new data that more carefully explores this issue, thanks to our recently published *SMP Profile: Program Models and Partnerships*.

We learned that a very large percentage of SMP volunteers serve under partners – also known as “volunteer host

organizations (VHOs).” The majority of SMPs (72 percent) have some volunteers serving under a partner and 44 percent of SMPs have all or nearly all of their volunteers serving under a partner.

Who are some of these SMP partners? Two types of partners clearly stand out: SHIIPs and Area Agencies on Aging (AAAs). Fifty-one percent of SMPs rely on SHIIPs for volunteer management and 62 percent rely on them for volunteer training. In addition, 44 percent of SMPs reported that their service delivery model is dependent upon SHIIPs. AAAs are nearly tied with SHIIPs in terms of being a significant SMP partner. Fifty-two percent of SMPs rely on AAAs for both volunteer management and volunteer training. Thirty-seven percent of SMPs reported that their service delivery model is dependent upon AAAs. Following SHIIPs and AAAs in significance were AARP, RSVP, and ADRCs.

Not only are SMP volunteers sometimes trained and managed under partners, but they often wear more than one hat, particularly a SHIIP hat. According to the 2013 SMP Profile data, SMP volunteers in 44 states also volunteer for the SHIIP program. That's 81 percent of all SMPs. Of those 44 SMPs, *all* SMP volunteers are also SHIIP volunteers in 15 states, whereas *some* of the SMP volunteers are also SHIIP volunteers in 29 states.

For a list of Arkansas SMP partnership organizations, please see the back page. RSVPs and Centers on Aging serve as our sub-grantees assisting our program in recruiting, training and managing SMP volunteers.

“Elder abuse is a national scourge. It's a national epidemic. Working with elder abuse is a core competency of working with older people.”

—Kathy Greenlee,
Administrator, U.S. Administration for Community Living and
Assistant Secretary for Aging

DID YOU KNOW? If a false claim is filed under your Medicare number, it can create errors in your medical history and can even result in benefits being denied to you later! Be sure to read your Medicare Summary Notice (MSN) to detect errors or fraud!

A CALL TO VOLUNTEERS!

TOGETHER WE CAN
Empower Seniors to Prevent Healthcare Fraud!

Arkansas has approximately 550,000 Medicare beneficiaries so we need your help in reaching the Medicare beneficiaries throughout the state by joining our group of dedicated volunteers.

We offer an intensive training which includes information on the parts of Medicare, information on how to identify fraud, errors, and abuse, and an explanation of the roles of the Arkansas SMP volunteers. For additional information on these trainings, please call 1-866-726-2916.

For a volunteer application, please contact David Wray at 866-726-2916.



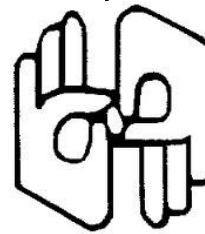
SOCIAL SECURITY SNIPPET...

As of February 2014, the Social Security Administration will no longer offer Social Security number (SSN) printouts and benefit verification information in their field offices.

Because the SSN printout is not an official document with security features, and is easily duplicated, misused, shared illegally, or counterfeited, eliminating it helps prevent fraud.

Beneficiaries and recipients needing a benefit verification letter can obtain one immediately by registering for a my Social Security account at www.socialsecurity.gov/myaccount, or through the mail within 5–7 days by calling 1-800-772-1213.

IF YOU KNOW OF A DEAF/HARD
OF HEARING AUDIENCE THAT
WOULD BENEFIT FROM RECEIVING
THE MESSAGE OF
HEALTHCARE FRAUD
PREVENTION,
PLEASE CALL THE
ARKANSAS SMP
— 1-866-726-2916—



SOMETHING YOU SHOULD KNOW...

Have you registered on
MYMEDICARE.GOV?

By registering at
www.MyMedicare.gov
you can view your
Medicare Summary Notice
(MSN) online within 24
hours of a claim being filed
by your provider! You no
longer have to wait three
months to receive your
MSN in the mail!
Register today!

Visit MyMedicare.gov

Register at www.MyMedicare.gov to get your personalized Medicare information:

- Complete your "Initial Enrollment Questionnaire" (IEQ) so your bills can get paid correctly.
- Manage your personal information (like medical conditions, allergies, and implanted devices).
- Manage your personal drug list and pharmacy information.
- Search for, add to, and manage a list of your favorite providers and access quality information about them.
- Track Original Medicare claims and your Part B deductible status.
- Order copies of your "Medicare Summary Notice" (MSN).

CENTERS FOR MEDICARE & MEDICAID SERVICES

SMP VOLUNTEER(S) IN ACTION

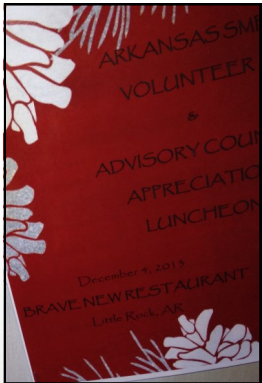


May Lou Doyle and Wanda Henry, SMP Volunteers with El Dorado Connections RSVP
Shown hosting the SMP exhibit booth at the Health Fair at Champagnolle Landing, El Dorado, Arkansas

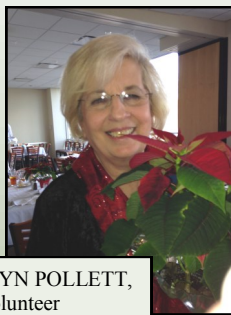
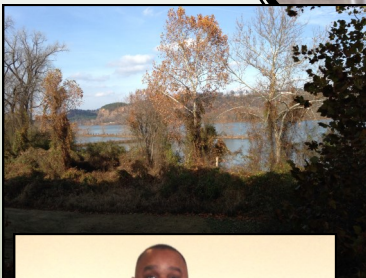


The 3rd Annual Arkansas SMP Advisory Council and Volunteer Appreciation celebration was held on December 4, 2013 at Brave New Restaurant in Little Rock. The Arkansas SMP thanks its dedicated Advisory Council members and loyal, hard-working volunteers for the difference they have made in the lives of the seniors of our state by working tirelessly spreading the message of healthcare fraud prevention through presentations, exhibiting at senior health fairs and talking to friends and family about the importance of protecting their personal information, alerting them of current scams, and teaching them how to examine their summary notices.

Thank you all for ***MAKING A DIFFERENCE!***



JILL COX, Office of Congressman Tim Griffin



CAROLYN POLLETT, SMP Volunteer



CHUCK THOMPSON, Assistant Director, Division of Aging & Adult Services



DEREK SIMMONS, Special Investigative Officer, Office of Inspector General, Little Rock, AR



David Wray, Volunteer Coordinator; and Kathleen Pursell, SMP Program Director



GUS SWAIN, Volunteer, RSVP of Central Arkansas—Thank you for saying the blessing over our meal!



Shue Appointed First Arkansas Medicaid Inspector General

On June 6, 2013, Governor Mike Beebe appointed Jay Shue as Arkansas' first Medicaid Inspector General. The position was created by the 89th General Assembly to oversee an independent office that will work to prevent, detect and investigate Medicaid fraud.

Before accepting the appointment, Mr. Shue spent seven years as the director of the Arkansas Attorney General's Medicaid Fraud Control Unit (MFCU). Mr. Shue also has ten years of experience as a state prosecutor for the state of Arkansas.

The Arkansas Medicaid Inspector General has launched a new website that can be accessed at [http://](http://OMIG.Arkansas.gov)

OMIG.Arkansas.gov. The website provides news and information about the Arkansas Medicaid Inspector General's Office; an online complaint where citizens can report suspected allegations of Medicaid fraud, waste, and abuse; and the website also contains information and educational materials for the public, Medicaid beneficiaries, and Medicaid providers.

Report Medicaid Fraud by calling the Arkansas Medicaid Inspector General's Hotline at 1-855-5AR-OMIG (1-855-527-6644) or Report Fraud online:

<http://omig.arkansas.gov/fraud-form/>.



“LIKE” US ON *FACEBOOK!*

www.facebook.com/ARSMP

View pictures, latest fraud in the news, scams, videos, etc.! See what's happening in the world of FRAUD!

**YOU Can Help Fight
Medicare Fraud!**

Join the Arkansas SMP!

**FOR VOLUNTEER
OPPORTUNITIES CALL**

—1-866-726-2916—

For a copy of the 2014 PERSONAL HEALTH CARE JOURNAL

**Call—
866-726-2916!**

The Personal Health Care Journal is a small calendar (8.5 x 5.5) which also serves as a journal to keep track of your healthcare. The Arkansas SMP suggests that you take the journal to your appointments and document the services received during your doctor visits. The journal also has a place for questions you may have for your doctor, and any instructions received. It also helps you keep track of your blood pressure, weight, blood sugar, cholesterol ...along with other information!

Call to receive yours today!

JANUARY 2014

Never sign a provider's blank time card when receiving home health care.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Arkansas SMP 1-866-726-2916

DATE _____ PHYSICIAN / PROVIDER NAME _____ CO-PAY \$ _____

REASON FOR VISIT _____

SERVICES RECEIVED _____

QUESTION(S) _____

INSTRUCTIONS _____

Weight _____ Cholesterol _____ Blood Pressure _____ Blood Sugar _____

DATE _____ PHYSICIAN / PROVIDER NAME _____ CO-PAY \$ _____

REASON FOR VISIT _____

SERVICES RECEIVED _____

QUESTION(S) _____

INSTRUCTIONS _____

Weight _____ Cholesterol _____ Blood Pressure _____ Blood Sugar _____

DATE _____ PHYSICIAN / PROVIDER NAME _____ CO-PAY \$ _____

REASON FOR VISIT _____

SERVICES RECEIVED _____

QUESTION(S) _____

INSTRUCTIONS _____

Weight _____ Cholesterol _____ Blood Pressure _____ Blood Sugar _____

You and the Health Insurance Marketplace—

Did you know it is against the law for anyone to try to sell you a Marketplace insurance plan if you are a Medicare beneficiary!

There is no plan being offered through the Marketplace that is better than Original Medicare. You do not need to talk to anyone who calls you over the phone to discuss a new plan under 'Obamacare'.

If you want to make changes to your Medicare, call the Insurance Department's SHIP office at 800-224-6330.

**Call 1-866-726-2916 to receive
your copy of the quarterly
SMP Newsletter in the mail or
via email!**

2014 Medicare Cost-Sharing

Below is Medicare deductible and cost-sharing information for 2014:

The Medicare Part A deductible per spell of illness (or benefit period) for hospital coverage be \$1,216 in 2014 (an increase of \$32 from the 2013 deductible of \$1,184).

- **Hospital copayment amounts (2014):**

- Day 1- 60: \$0.
- Day 61 – 90: \$304 per day
- Day 91-150: \$608 per day.

- **Skilled Nursing Facility copayment amounts (2014)**

- Day 1 -20: \$0
- Day 21- 100: \$152.00

- **The Medicare Part A premium (2014)**

The Medicare Part A premium in 2014 is \$426 per month. Part A covers inpatient hospital, skilled nursing facility, and some home health care services. Most beneficiaries do not pay a premium for Part A because they have at least 40 quarters of Medicare-covered employment. In 2014 beneficiaries who have between 30 and 39 quarters of Medicare-covered employment may buy into Part A at a reduced monthly premium rate of \$234.

The standard Medicare Part B monthly premium will be \$104.90 in 2014, the same as it was in 2013. The Medicare Part B deductible will also remain unchanged at \$147.

DID YOU KNOW?

“Since the **Affordable Care Act** provision to close the prescription drug donut hole took effect, more than 7.1 million seniors and people with disabilities who reached the donut hole have **saved \$8.3 billion on their prescription drugs.**”

“**In the first nine months of 2013** nearly 2.8 million people nationwide who reached the donut hole this year have **saved \$2.3 billion, an average of \$834 per beneficiary.**”

“Part B premiums will see zero growth.”

CMS Administrator Marilyn Tavenner says, “We continue to work hard to keep Medicare beneficiaries’ costs low by rewarding providers for producing better value for their patients and fighting fraud and abuse.”

Here’s the link to the entire press release from CMS: <http://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-Releases/2013-Press-Releases-Items/2013-10-28.html>.

A Fond Farewell

By Barbara Dieker

Director, Office of Elder Rights,
U.S. Administration on Aging, Administration
for Community Living

The Sentinel—November 2013

Greetings and holiday best wishes, SMPs! It is with mixed feelings that I am writing my last AoA Update for *The Sentinel*. As I shared with you in my message to the network last week, I will be retiring from AoA/ACL after the first of the year and then trying my hand at developing my own interior redesign business. While I am very excited about this new prospect and challenge, I will surely miss the wonderful friends, colleagues, and partners that I have met and worked with over the course of the 10-plus years that I have worked at AoA.

And as I hope each of you know by now, I have a particularly special spot in my heart for the SMP program. There are many reasons why this is so: the important program mission; you who are the committed and hard-working staff and volunteers; and the substantial benefit the program provides to beneficiaries, the Medicare program, and the American taxpayer. I am so very proud to have played some part, along with many others, over the years in helping to build this program into the nationally recognized leader in Medicare fraud prevention education it is today. I will miss each of you, the dedicated members of the SMP network with whom I have been so fortunate to interact, as well as my involvement in support of SMP efforts to protect the rights of Medicare beneficiaries and empower them to prevent, detect, and report health care

fraud. It’s truly been an honor to be associated with this wonderful

program. Given the unlikelihood of scamster and fraud artist efforts subsiding any time soon, I trust that your program activities will continue to play a much-needed role in this fight for many years to come.

....Best wishes for your continued program success and many, many thanks to each of you for all you do in support of the SMP program. Always know that you are making an important difference and that you’re tops with me!

*We will miss you
Barbara!*



IMPORTANT PHONE NUMBERS:

AANHR —AR Advocates for Nursing Home Residents	501-450-9619
AFMC —AR Foundation for Medical Care	1-888-354-9100
Area Agency on Aging	1-800-986-3505
Arkansas Attorney General Consumer Protection Division	1-800-482-8982
APS —Adult Protective Services (DHS)	1-800-482-8049
AR-GetCare —(Directory of Community-Based Services)	1-866-801-3435
Arkansas Rehabilitation Services	1-800-981-4463
AR SMP (Healthcare Fraud Complaints)	1-866-726-2916
Better Business Bureau (BBB)	501-664-7274
CMS —(Medicare)— (Centers for Medicare and Medicaid Services) (1-800MEDICARE)	1-800-633-4227
Community Health Centers of AR	1-877-666-2422
Coordination of Benefits	1-800-999-1118
DHS (Customer Assistance Unit)	1-800-482-8988
Do Not Call Registry	1-888-382-1222
Elder Care Locator	1-800-677-1116
Federal Trade Commission Report STOLEN IDENTITY	1-800-438-4338
ICan —Increasing Capabilities Access Network	501-666-8868
Medicaid —(Claims Unit)	1-800-482-5431
Medicaid Inspector General	1-855-527-6644
Medicaid Fraud Control Unit	1-866-810-0016
MEDICARE (CMS 1-800-MEDICARE)	1-800-633-4227
Medicare Part D	1-877-772-3379
Medicare Rights Center	1-800-333-4114
National Consumer Technical Resource Center	1-877-808-2468
National Medicare Fraud Hotline (1-800-HHS-TIPS) Office of Inspector General	1-800-447-8477
OLTC —Office of Long Term Care	1-800-LTC-4887
OLTC —Abuse Complaint Section	501-682-8430
Ombudsman —Statewide Office of Long Term Care	501-682-8952
Resource Center (ADRC) (DHS'S Choices in Living Resource Center)	1-866-801-3435
Senior Circle (Northwest Health System)	1-800-211-4148
SHIP (Senior Health Insurance Information Program)	1-800-224-6330
SMP Locator —(locate an SMP outside AR)	1-877-808-2468
SSA (Social Security Administration) Little Rock Office	1-800-772-1213 1-866-593-0933
SSA Fraud Hotline	1-800-269-0271
South Central Center on Aging	1-866-895-2795
Tri-County Rural Health Network	1-870-338-8900
UALR Senior Justice Center	501-683-7153
UofA Cooperative Extension Service	501-671-2000

HELPFUL WEBSITES:

ADRC—AR Aging & Disability Resource Center (DHS)—
www.choicesinliving.ar.gov/

AR Advocates for Nursing Home Residents—
www.aanhr.org; e-mail: Info@aanhr.org

AR Long Term Care Ombudsman Program—
www.arombudsman.com

Arkansas 2-1-1— www.arkansas211.org (Get Connected.
Get Answers)

Arkansas Aging Initiative — <http://aging.uams.edu/?id=4605&sid=6>

Attorney General— www.arkansasag.gov

Arkansas Attorney General Consumer Protection Division—e-mail: consumer@ag.state.ar.us

Area Agencies on Aging—www.daas.ar.gov/aaamap.html

Arkansas Foundation for Medical Care—www.afmc.org

Arkansas SMP—www.daas.ar.gov/asmp.html

BBB (Better Business Bureau)— scams and alerts—
<http://arkansas.bbb.org/bbb-news/>

CMS (Medicare-Centers for Medicare and Medicaid Services)
— www.cms.hhs.gov

Do Not Mail— www.DMAchoice.org

Elder Care Locator— www.eldercare.gov

H.E.A.T— www.stopmedicarefraud.gov/
(Healthcare Fraud Prevention and Enforcement Action Team)

ICan AT4ALL— Tools for Life—www.ar-ican.org

MEDICAID—www.Medicaid.gov

Arkansas MEDICAID INSPECTOR GENERAL—
<http://omig.arkansas.gov/fraud-form>

MEDICARE— www.medicare.gov

Medicare Interactive Counselor—
www.medicareinteractive.org

Hospital Compare— www.hospitalcompare.hhs.gov

MyMedicare.gov— www.mymedicare.gov
(Access to your personal Medicare claims information)

MyMedicareMatters.org (National Council on Aging)

Office of Long Term Care— <http://humanservices.arkansas.gov/dms/Pages/oltcHome.aspx>

Office of Inspector General—e-mail: HHSTips@oig.hhs.gov

Pharmaceutical Assistance Program—
medicare.gov/pap/index.asp

Physician Compare— www.medicare.gov/find-a-doctor

SMP Locator— SMPResource.org (locate an SMP outside of AR)

Social Security Administration—www.ssa.gov

TAP— www.arsinfo.org (Telecommunications Access Program)

Tri-County Rural Health Network—
communityconnecting.net/home.html

UofA Cooperative Extension Service—
www.uaex.edu (or) www.arfamilies.org

Working Disabled—www.workingdisabled-ar.org



OUR MISSION

TO EMPOWER SENIORS—

“To empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, error, and abuse through outreach, counseling, and education.”

TO PREVENT HEALTH-CARE FRAUD

Protect Personal Information

- * Treat Medicare/Medicaid and Social Security numbers like credit card numbers
- * Remember, Medicare will not call or make personal visits to sell anything!
- * READ and SAVE Medicare Summary Notices (MSN) and Part D Explanation of benefits (EOB), but **shred** before discarding

Detect Errors, Fraud, and Abuse

- * Always review MSN and EOB for mistakes
- * Compare them to prescription drug receipts and record them in your Personal Health Care Journal
- * Visit **www.mymedicare.gov** to access your personal account online to look for charges for something you did not get, billing for the same thing more than once, and services that were not ordered by your doctor, etc.

Report Mistakes or Questions

- * If you suspect errors, fraud, or abuse, report it immediately! Call your provider or plan first.
- * If you are not satisfied with their response, call the Arkansas SMP

TO RECRUIT & TRAIN VOLUNTEERS

- * Retired seniors
- * Retired health-care providers
- * Retired professionals, *e.g.*, teachers, accountants, attorneys, investigators, nurses



SMP PARTNERS

El Dorado Connections RSVP
El Dorado, AR

Texarkana RSVP
Texarkana, AR

RSVP of Central Arkansas
Little Rock, AR

**Tri-County Rural Health
Network, Inc.**
Helena, AR

**Senior Health Insurance
Information Program (SHIIP)**
Little Rock, AR

**UAMS Arkansas Aging Initiative
CENTERS ON AGING**

**Arkansas Foundation for Medical Care
(AFMC)**
Fort Smith, AR

**To receive the Arkansas SMP Newsletter electronically
email: kathleen.pursell@arkansas.gov**

**Current and archived newsletters available at:
www.daas.ar.gov/asmpnl.html**



P. O. Box 1437 Slot S530
Little Rock, AR 72203-1437
<http://www.daas.ar.gov/asmp.html>

To Report Fraud, Waste & Abuse
Call the Toll-Free **Helpline**
8:00am-4:30pm: **1-866-726-2916**